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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/711,704-Conf. #5703
	Filing Date	September 30, 2004
	First Named Inventor	Sean P. Selover
	Art Unit	3775
	Examiner Name	J. L. Swiger
	Attorney Docket No.	101896-283 (DEP5154CIP)

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

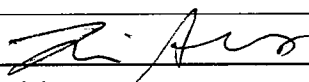
<input type="checkbox"/> Firm or Individual Name					
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 44,238.
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature



Typed or Printed Name

Lisa Adams

Date

March 16, 2010

Telephone

(617) 439-2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.
Change of Correspondence Address

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 16, 2010

Signature: 

(Lisa Adams)

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"FEE ADDRESS" INDICATION FORMAddress to:
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571-273-6500

- OR -

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: 27777

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/711,704

Completed by (check one):

☐ Applicant/Inventor

☒ Attorney or Agent of record 44,238
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☐ Assignee recorded at Reel Frame

Signature

Lisa Adams
Typed or printed name

(617) 439-2000
Requester's telephone number

March 16, 2010
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.
Fee Address Indication Form

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Dated: March 16, 2010

Signature:  (Lisa Adams)